

On Paralysis Agitans. By DR. L. JACOBSON. (*Berl. Klin. Wochenschr.*, August 23d, 1886.)

A short *resumé* of a dissertation in which the above subject is treated exhaustively. The main point of the article is simply this, that the muscles in a case of p. agitans are permanently in a condition of spastic tension or rigidity. This is a motor-irritation symptom. The author thinks the disease should be styled *spasmus* agitans, and not paralysis agitans. The tremor, the loss of muscular power, the peculiar facial expression, the pains, and the forced movements, all are to be attributed to the departure from the normal muscular tonus. B. S.

MENTAL PATHOLOGY.

The Decrease of General Paralysis, and Climacteric Insanity in the Male. DR. CLOUSTON. (*Annual Report of the Royal Edinburgh Asylum for 1885.*)

Dr. Clouston considers that there has been an actual diminution of mental disease in Edinburgh within the past five years, and suggests that this is due to the fact that these were "lean years." He takes as the test general paralysis, as this is the most marked of all forms of mental disease, is distinct from all others, and is more common than any other form directly produced by wrong habits and modes of life. "It is, in fact, that form that is least dependent on hereditary and unpreventable influences, and most dependent on controllable causes operating during the life of the individual." The years of 1873-77 were mostly years of plenty and of inflation of wages, and during that period Dr. Clouston had 115 cases of general paralysis out of 1,580, or 7.3% of the whole. In the last five years, 1880-85, years of dull trade and little money to squander, there were only 75 cases out of 1,667 admissions, or 4.5%. Such a fall in the prevalence of any important typical disease, comparing one period of five years with another, is a most striking medical fact, and Dr. Clouston raises the question whether it has resulted from lessened opportunity of drink and dissipation, or from a lessened excitement in the modes of life. This year he has only 11 cases, the lowest number he has ever known. He considers that the prevalence of general paralysis may fairly be taken as the index of the prevalence of all preventable insanity.

There is one variety of disease in elderly men that he considers is becoming more common. It is not the typical break-down in mind occurring after 70, but a very sudden break-down soon after 60, or even before that, in men who have worked hard and continuously, their work, perhaps, accompanied by excitement, strain, worry, or too high living. They are men with no hobbies, no country tastes, and unable to get regularly or to use rightly a yearly holiday. They seldom take note of the premonitory signs of brain wear, and they commonly, but not always, have some hereditary brain weakness that has hitherto been

latent. It is an acute premature old age. They lose flesh, become bloodless, are unable to sleep, find their work extremely irksome, cease to enjoy food, and become depressed and restless. Brain repair is impossible, as they are worn out. Clouston considers it climacteric insanity in the male, rather than senile insanity proper.

WILLIAM NOYES.

Sobriety in the United States.—J. J. Henley, Esq., local Government Inspector for Great Britain, who was recently sent to this country to inquire into the methods of dealing with the dependent classes in vogue here, has presented his report to Parliament, “by command of Her Majesty,” upon the poor laws of certain of the United States. Mr. Henley’s inquiries were confined largely to the older States of the Union, especially those of the middle and eastern portion, and, as a result of his labors, he concludes that we are, comparatively, a sober people. Referring to the close connection between the vice of drunkenness and the relative amount of pauperism in the United States, he says :

“I can hardly venture to express any opinion on this question from my short experience over a very limited area of that great country. But it is generally admitted that a considerable proportion of the population of prisons, lunatic asylums, and work-houses in this country (England) may ascribe its position directly or indirectly to this vice ; in some instances, the individuals alone being the victims, while in other cases, which I fear are too frequent, whole families become paupers or otherwise suffer.

“I was much impressed, and I confess greatly surprised, at the temperate habits of all persons who came within the range of my observations in the United States. In the railway cars, upon the steamers, at the hotel bars, and in the public streets, the contrast was in this respect most unfavorable to this country.

“During the period of my visit, the presidential election was everywhere causing the greatest excitement, processions representing the two parties patrolled the streets at night with bands, torches, fireworks, and other electioneering devices, but on no occasion did I observe the least indication of the excitement caused by drinking, or any approach to a drunken row. Could any town in England have borne the same strain with a similar result ?”

I mention these facts without comment or any attempt at an explanation of the causes which have produced these effects. I do not inquire whether they may be attributed to differences in the climate, the laws, or the institutions of the two countries, or to the existence of a strong public opinion in the United States. Upon this question, I do not pretend to judge. As to the accuracy of my observation, however, I may be permitted to call as a witness an Englishman, whose opinion will have great weight in this country. Dr. Bucknill, in his recent notes on American asylums, thus writes :